

Regional Long Term Care Ethics Committee
Case Consultation Request Form

Date of Request _____

Facility and Address _____

Facility Phone (_____) _____ Fax: (_____) _____

Facility Contact Person _____ Title: _____

Resident's Initials _____ Resident's Age _____ Resident's Gender _____

Date of Admission to Facility _____

Statement of Ethical Dilemma or Ethical Conflict:

1. Pertinent Medical Information and Overview of Resident's Daily Life (Include Pain/Discomfort).
Principal Diagnosis and Prognosis:

2. Resident's Capacity to Express / Make Health Care Decisions

Instruction Directive / Living Will _____ Yes _____ No

Legal Guardian _____ Yes _____ No If yes, person named: _____

Health Care Proxy _____ Yes _____ No If yes, person named: _____

Other Evidence of Resident's Wishes: _____

3. Applicable Ethical Principles and Resident / Family Values, Support Systems

Religious Affiliation _____

Circumstances Contributing to Unresolved Dilemma or Conflict _____

4. Staff / Facility Values _____

4. Dispute Resolution Interventions Attempted Thus Far

For Regional Long Term Care Ethics Committee Use Only

Consultation Request Reviewed by: _____

Action Taken: _____
